

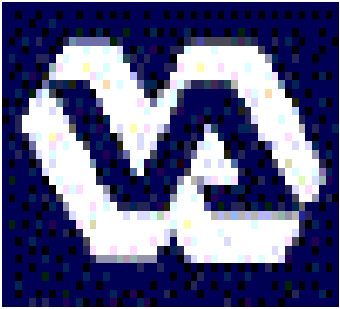
VHA Clinical User Demographics: Implications for Translation of the DPP

Len Pogach MD,MBA,FACP

National Program Director, Diabetes

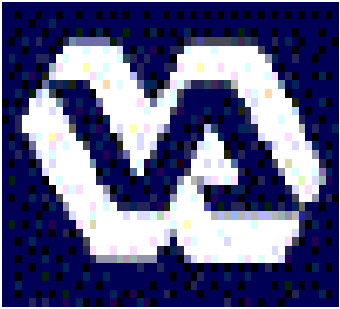
Veterans Health Administration

DMICC Meeting 3/11/02



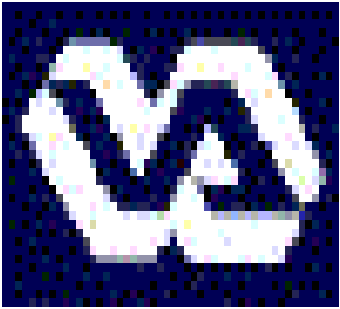
Veterans Health Administration

- Nation's largest integrated health care system
- Largest geriatric health care system
- Congressional oversight, public accountability
- 22 Networks, 173 facilities, 131 nursing homes, >600 outpatient clinics
- 3.3 million veterans treated FY00
- Enrollment system with global budget and capitation



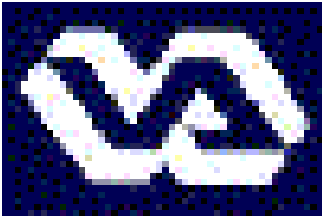
Transformation-1995 to Present

- Assignment of all patients to an identified primary care provider;
- Development of performance measurement system for management accountability;
- Development of clinical care guidelines for common conditions, including diabetes mellitus;
- Implementation of electronic medical records, including “clinical reminders”; and
- Emphasis on prevention, care coordination, chronic disease and pain management.



Veteran Demographics

- **In the year 2000:**
 - Median age of veterans was 59 years (*vs. 36 yrs for general U.S. population*).
 - 38% of vet population was age 65+ - 9.3 million of 24.3 million vets (*vs. 13% of general U.S. population*).
 - 1.7 % of vet population was 85+ (*vs. 1.6% of general population*).
- **In the year 2020:**
 - 51% vets will be age 65+ (8.2 million) and 8% will be age 85+ (1.2 million).



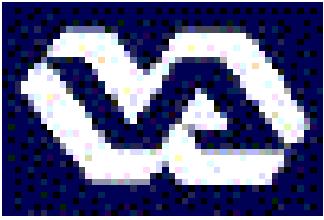
Diabetes Prevalence

	FY98	FY99	FY00
Veteran Users	2,923,663	3,088,126	3,318,158
Diabetes Cohort (VA sensitive)	561,134	686,524	899,000
HAIG Diabetes Cohort (VA specific HEDIS)	420,486	503,371 (16% Prevalence)	634,000 (19% prevalence)
Diabetes Cohort VA-CMS (HEDIS)	(FY97-FY98) 515,000	N/A	N/A

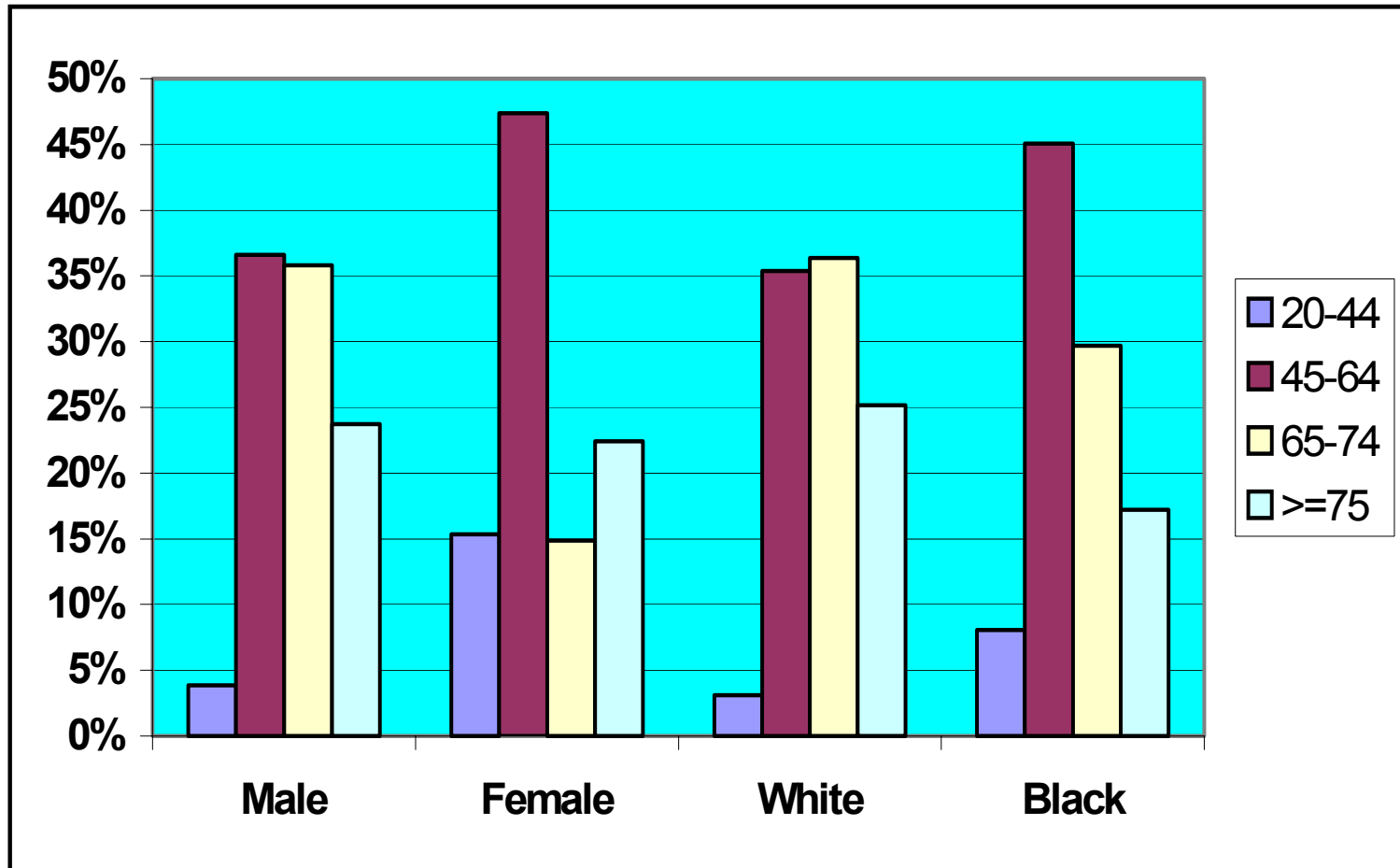


Diabetes Prevalence in VA, FY1998, By age (rate/100 patients)

Age	All			Men			Women		
		VA	US		VA	US		VA	US
All		14.3	7.6		14.4	8.7		11.	6.5
18-44		3.4	2.2		3.6	1.9		2.2	1.8
45-64		13.6	11.8		13.8	13.2		9.3	10.4
65-74		18.2	14.5		18.3	17.4		14.3	13.0
75+		18.2	14.5		18.3	17.4		14.3	13.0



FY99 Demographics – Patients With Diabetes



Comorbidities in Veterans with Diabetes (VHA data)

Category	National
PCS/MCS (LVHS)	36.9/45.1
Primary Dx 250	6.7
Cardiovascular Disease	32.4
CHF	6.4
Hypertension	66
Mental Health	19.1
Renal Disease	3.3

Hypertension Summary Information

FY99 :

Prevalence of Diabetes Overall (503,607/3,088,126) =16%

**Prevalence of Hypertension in the VA Population Overall
(1,248,854/3,088,126) =40.4%**

- Prevalence of Hypertension Among Patients With Diabetes
Overall (330,257/503,607) = 65.6%**

VA-Private Sector Comparisons 2000

Measure	VA	HCFA FFS	Top HMO	NCQA Ave (Regions)
A1c test	94	75	93 (84-93)	75 (70-85)
“poor HbA1c”	25	N/A	---	44 (33-51)
Lipid Screen (biennial)	89	57	91(69-91)	69 (65-75)
LDL-C <130	76	N/A	-----	37 (34-42)
Eye Exam	67	69	91(65-91)	45 (36-61)
BP <140/90	53	---	---	48
Kidney Monitored	54	N/A	97 (56-97)	36 (36-52)

Unresolved Issues Regarding Treatment of IFG

- Generalizability (effectiveness) of lifestyle intervention to a non-volunteer population, or those with co-morbidity and disabilities
- Metformin efficacy for participants with BMI <30 and age >60 less than for overall study population
 - Side effects in general population, older age group?
- Impact on morbidity and mortality unknown
- Efficacy of aggressive blood pressure and cholesterol control in preventing morbidity and mortality in IFG population needs further study

Reduced coronary events in simvastatin-treated patients with coronary heart disease and diabetes or impaired fasting glucose levels: subgroup analyses in the 4S Study Haffner, 1999.

- In impaired fasting glucose (IFG) subjects, simvastatin use significantly reduced the number of major coronary events ($RR = 0.62$; $P = .003$), revascularizations ($RR = 0.57$; $P = .009$), and total ($RR = 0.57$; $P = .02$) and coronary ($RR = 0.45$; $P = .007$) mortality

Summary

- Increased awareness of importance of opportunistic screening for IFG and diabetes in veterans with risk factors warranted
- Access to dietary and lifestyle education, distribution of NDEP materials
- Recommendation for translation of metformin findings should await further DPP analyses
- Evidence of treatment efficacy of hyperlipidemia in persons with IFG (4S)
- Emphasis on improved blood pressure control (at least $<140/90$)

<http://vawww.va.gov/health/diabetes>

<http://www.va.gov/health/diabetes/default.htm>

